

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Land Management Administration • Lead Poisoning Prevention Program
P.O. Box 1417 • Baltimore, Maryland 21203-1417
410-537-3825 • 1-800-633-6101 x3825 • www.mde.state.md.us/lead

LEAD PAINT INSPECTOR AND RISK ASSESSOR ACCREDITATION APPLICATION

I. Instructions

Make check or money order payable to: **Maryland Department of the Environment**. Mail application with fee (if required) to: **MDE, P.O. Box 1417, Baltimore, MD 21203-1417**. Fees are non-refundable. **Fees for state & local government employees are waived**, if exclusively providing the lead abatement services that are on behalf of that government. All applications, including renewals, must be filled out completely. Keep a copy of this application for your records. **Please allow 60 days for processing**. Incomplete or inaccurate applications may be delayed during processing. Please print clearly.

II. General Applicant Information

Last Name		Suffix (e.g. Sr., Jr.)	Legal First Name		Middle Name	
Street Address		City		State	Zip Code	
Mailing Address (if different from above)		City		State	Zip Code	
Telephone #	Email		Date of Birth __ / __ / ____		Social Security Number __ - __ - ____	

III. Application Type and Fee

Check one:

☐ New Applicant (2 year accreditation)

☐ Renewal Applicant (2 year renewal)

Accreditation #: _____; Expiration date: _____

Check one of the following 3 categories:

☐ Visual Inspector (VI) \$125.00

☐ Inspector Technician (IT) \$125.00

New applicants – provide the following:

3rd party IT exam date: _____

☐ Risk Assessor (RA) \$200.00

New applicants – provide the following:

3rd party RA exam date: _____;

1 year minimum experience as a Maryland accredited IT: from: _____ to: _____;

IT accreditation No.: _____;

Complete Section VI of this application.

3rd Party Examination Fee (add for new S2 applicants) \$ 35.00

TOTAL FEES SUBMITTED: \$

PROCEED TO NEXT PAGE

LEAD PAINT INSPECTOR AND RISK ASSESSOR ACCREDITATION APPLICATION

Applicant's name as listed on first page:

IV. Applicant's Training Information

List the latest course completed for category applying. Refresher courses are only valid when taken before prior relevant training or accreditation has expired.

Training card #	Expiration date	Name of training provider
Course name	Course date(s) From: To:	

V. Employer Information

All inspectors (VI, IT, and RA), whether or not self-employed, are required to work for an accredited Lead Paint Inspection Contractor. Complete the following employer information. If the contractor is currently not accredited or the accreditation is expiring within the next 60 days, include a separate *Lead Paint Contractor Accreditation Application* with this application.

Contractor Name (required)	Contractor Accreditation # (if already have one)		
Street Address	City	State	Zip Code
Contact Name	Telephone #		

VI. Risk Assessor Experience (New Risk Assessor Applicants ONLY)

Attach a list of 20 different addresses where XRF or paint chip sampling was performed; OR a list of 5 addresses where XRF or paint chip sampling was performed and 15 addresses where lead dust inspections were performed.

Organize your list in the following way:

At top of page: Name of Applicant

In a table format: No., Date, Address, Type of Inspection (i.e. XRF, paint chip, or dust)

VII. Applicant Statement and Signature

This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act (Md. Code Ann., State Gov't §§ 10-601, et seq.). This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law.

I certify that I shall perform work practices according to Code of Maryland Regulations 26.16.01; 26.16.05 and/or 26.02.07. As per Environment Article 1-203 and Family Law Article 10-119.3 of Maryland before any license or permit may be issued or renewed, the issuing authority shall verify through the Office of the Comptroller and the Maryland Child Support Enforcement Administration that the applicant has no outstanding taxes, unemployment insurance contributions or child support.

Applicant's Original Signature	Date
--------------------------------	------

Before you mail your application, make sure that you have:

- ☐ Filled out all applicable sections of this application (including Section VI if you are a new RA applicant)
- ☐ Provided all 9 digits of your SSN
- ☐ Signed and dated the application
- ☐ Enclosed the appropriate fees (including 3rd party examination fee for new IT and new RA applicants)
- ☐ Made a copy of your application for your files